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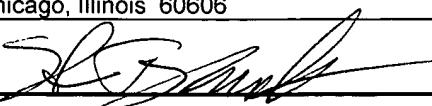
<b>TRANSMITTAL FORM</b> 		Attorney Docket No.	2520/20
		Application Number	10/089,823
		Filing Date	April 3, 2002
		First Named Inventor	Hutchins
		Group Art Unit	2875
		Examiner	Negron, Ismael

<b>ENCLOSURES (check all that apply)</b>			
<input checked="" type="checkbox"/> Amendment and Response to Office Action of 5-5-2004 <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Extension of Time Request (duplic) - \$214 Check <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement, PTO-1449, art  <input type="checkbox"/>	<input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Drawings: <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement  <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>50-0930</u> . A duplicate copy of this sheet is enclosed.	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Post Card Receipt <input type="checkbox"/> Request of Refund  <input type="checkbox"/> Additional Enclosure(s) (please identify below):	

**CALCULATION OF FEE**

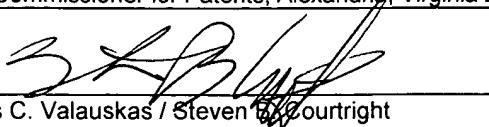
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Small Entity	Large Entity
Total	33	Minus	33	0	x \$9=	\$
Indep.	4	Minus	6	0	x \$43=	
First Presentation of Multiple Dep. Claim					+\$150=	
					total add'l fee	\$
						total add'l fee

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Charles C. Valauskas, Registration No. 32,009 Steven B. Courtright, Registration No. 40,966 Baniak Pine & Gannon 150 N. Wacker Drive, Suite 1200 Chicago, Illinois 60606		
Signature			Date: October 5, 2004

**CERTIFICATE OF MAILING**

I hereby certify that this is being deposited with the U.S. Postal Service as First Class Mail on the date indicated below and is addressed to: Commissioner for Patents, Alexandria, Virginia 22313-1450

Signature		Date: October 5, 2004
Charles C. Valauskas / Steven B. Courtright		